



AUTHORISATION

POWER OF ATTORNEY | ASSOCIATION

Date:

Association name:

Registration ID or similar:

Tax Number (if any):

Street / Nr.:

Postal code / City:

Country:

Authorized representative:
(Name, Surname)

The above described Representative is authorized to act and to represent the aforementioned Association with regard to all business processes with **Holvi Payment Services Oy** in accordance with [Holvi's Terms of Service](#). The Representative is granted authorisation to open accounts on Holvi Payment Services Oy's Holvi service. The Power of Representation also includes in particular; to manage and access accounts, share its use or access to third persons, and to use Holvi's Services. The power of attorney does not entitle the holder to grant any authorizations.

Association's authorised signatory*: Full Name:.....

Association's authorised signatory*: Signature:.....

*Hereby I declare to have the right and authority to represent the above mentioned association for the purpose of this Agreement.